

67th Combat Support Hospital Update

9 March 2003, The Day We Dedicated to
PFC Trista VanAelstyn, 91M

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As a 65C in the Army, I am fortunate to have experienced diverse challenges. I have worked in Production & Service, the Nutrition Clinic, specialized as a Pediatric Dietitian, Instructed at the Quartermaster School and worked with the Culinary Arts. I have been PROFIS and experienced weeks in a field-training environment. However, nothing prepared me for the reality of deploying to a hostile environment. And, never did I picture myself watching one of my Soldiers get a Purple Heart.

To update you, I am deployed with the 67th CSH currently serving up in Mosul, Iraq. The 67th CSH is split three ways providing Level III healthcare in vicinities of Mosul, Tikrit and at the Abu Ghareb prison near Fallujah. Twenty-two 91Ms deployed with me in January from Wuerzburg, Germany- 11 to Mosul and 11 to Tikrit. We are staffed well at both locations considering Kellogg, Brown and Root does the cooking. However, these dining facilities are not within walking distance, making it difficult to directly support the hospital's staff and inpatient feeding requirements. Both facilities mermite hot meals from the contract dining facilities and 91Ms serve the hospital staff and patients. Those CSH personnel able to get away from the hospital site for meals take a bus to the contract dining facility.

The inpatient count at both facilities averages about six. Our inpatients consist of Soldiers (American and coalition), civilians (contractors and Iraqis) and Enemy Prisoners of War. Most Americans are treated and returned to duty or air evaced back to Landstuhl within 2-3 days. The nutrition challenges tend to be the Iraqis or contract civilians since they tend to stay the longest, have poor lifestyle habits to begin with, are older and many speak little or no English. We do see a few outpatients usually during sick call when we can capture them. As the number of Soldiers downrange shrinks and contractors increase, we are seeing more cardiac issues, diabetes and all the things we typically see in the rear in our clinics. I am told FOB Diamondback has over 300 contractors and that number will increase to over 1000 this year.

To tell you a little about where I am residing, Mosul is the town where the 101st Airborne Division fought and killed Saddam Hussein's sons Uday and Qusay. Mosul is currently "red". And, it is safe to say that we are not exactly wanted here. We are not at "war", but I hear small arms fire day and night outside the wire. Some days it sounds like it is right outside the hospital or my trailer. Other

days are quiet. Now, not experiencing mortars before, I can tell you that they are another experience. Mortars hit when you least expect it and the earth moves. You soon become jumpy to backfires, doors slamming or something falling. You start to hear mortars in your sleep.

This is not to scare anyone or deter them from deployment. There are always risks and rewards on deployments. And, it is an experience I would not trade for anything. However, in recent days, the risks were increasing and the mortars were hitting close and more frequently. Plus, we were getting air bursts and rockets. The pattern of morning and evening hits changed to mid-day. The mortars take off (the first boom) and whistle overhead..."bunkers, bunkers, bunkers" is called over the loudspeaker and then you feel and hear the impact. You run for cover to the closest concrete bunker or hit the ground. On 9 March, shortly after noon, the bunker call took an unfortunate turn. This impact was close, I knew that. Just how close I did not realize. We had all been in the hospital dining tent eating lunch.

Sitting in the bunker, the radios were not as quiet as usual while we waited for the "all clear". You see, normally we try to do fun things to pass the time while in the bunkers. This day was different. Radios immediately called for Medics to our LSA... "direct hit on the "A" row" (of trailers). These trailers are two-man containers we live in right beside the hospital. I took note of the 91Ms on shift during lunch and who was not currently working in Nutrition Care. There were two 91Ms not physically with me in the bunker or who were in the NCD area - SGT Albritton and PFC VanAelstyn. I had noted earlier that PFC VanAelstyn had signed out to go make a phone call at MWR and then to finance. I asked PFC Marshall if she had seen VanAelstyn. "She got back". I pulled out my little green book. Who is in the A row? I reside in the A row and so did SGT Albritton and PFC VanAelstyn. I hear traffic on the radio...there are casualties. "Where is the ambulance?" "It's on its way". Immediately soldiers in the bunkers started crying and anxiety grew. The last week had been more intense anyway. Who were the casualties? We had to wait in the bunker. I had been seeing casualties through the EMT and on the ward for weeks, but when it hits your own unit, it is a strange feeling. These are people you know personally and work with every day.

About that time, SFC Alvin Edwards, NCOIC, Nutrition Care came up to our bunker and called for me. SFC Edwards is a Platoon Sergeant and wears one of the iCOM radios. He had been to the scene. My heart sank. It had to be PFC VanAelstyn or SGT Albritton. Not that any other member of the CSH would have made a difference, but it was "my" soldiers. It was PFC VanAelstyn. She had been in her room on her bed and was injured when the rocket went directly into two trailers. 67th CSH soldiers in the area had busted the door and window and pulled her out. She was conscious, trying to get out of her room in the smoke and chaos, but bleeding. We ran to the EMT to meet the ambulance. My heart was racing...I felt a huge lump in my throat. I had to hold it together. I did not

want to get in the way, but needed to find out how she was doing. Others were injured, but apparently not like Van.

I had left the bunker with Soldiers trying to cope with the unknown. They did not know who the casualties were or the extent of their injuries. But the 91Ms there knew SFC Edwards and I were called so it had to be a NCD Soldier. I could see her on the litter in the EMT. I could see her face had a huge laceration, and she was bleeding. They were tending to her elbow, knee and face. One of the ER nurses saw me and assured me that PFC Van was going to be okay. She was immediately taken to the Operating Room. At that point I walked away. This was intense. I held back the tears of relief and thanked God for watching over us. She was going to be okay.

The hours that followed were difficult emotionally and mentally. The plates of food folks had left on the table as they ran for the bunkers were still lying on the tables in the dining tent. The serving line still had the pans of food on them. No one was interested in food now and our staff was left to clean up the mess in the DFAC all while trying to deal with the emotions and worries about Van. Shock and disbelief hit the soldiers of the 67th CSH. Everyone wanted to call home or email home. The internet/email was blocked. There were other injuries to tend to, the living area to deal with (now we all had to move to other containers on the North end by night fall), and nerves to calm. The chaplain was dealing with soldiers in shock and trying to lessen frazzled emotions. The Nutrition Care staff was empty that day. The tears and withdrawn, distant expressions still lay in my mind. They were worried about their comrade and best friend, the reality of the mission, and what lie ahead. Reassurance from me was not enough. They had to see Van, but had to wait until she got to the ward. Those hours seemed like days.

We all got to see the trailers after the remains of the rocket were removed. SPC Crosby was allowed in because it was her room too. SGT Snipes-Green and SPC Crosby started inventory of what was salvageable. Shrapnel holes peppered SPC Crosby's uniforms and possessions. About that time we learned that a large portion of the rocket was still intact. PFC VanAelstyn had an angel watching over her that day. Had that rocket exploded to capacity we could have lost her and many more. And the personnel in the rooms around her were not in their trailers mid-day because they were at work. Guardian angels were certainly watching over the 67th CSH.

PFC VanAelstyn received her Purple Heart from BG Reynolds on 11 March 2004 and was air evacuated to Landstuhl on 15 March. She also has the shrapnel removed from her back as a reminder of what she endured. She is recovering in Wuerzburg, an inspiration to all. Despite her injuries she never complained or let us know her pain, but amazed us all with her insistence on doing for herself and getting out of bed as soon as possible. The CSH Soldiers needed to see her getting better for their own morale. She wants to come back to Iraq someday to

be with her 67th CSH family. We miss her, send her all our best wishes to get well fast, enjoy some rest and recuperation and hope to see her smile real soon whether here in Mosul or back in Wuerzburg. The Operating Room door and NCD Board are dedicated to "PFC VanAelstyn, 67th CSH, 9 March 2004, an inspiration to us all."

Update 24 March: We moved to a new living area that night and moved our hospital to a temporary concrete building on the other side of the airfield within one week. Teamwork was at its best. NCD at Mosul set up a 4-section temper next to the hospital and no longer mermite meals. We are located right down the street from the contract Dining Facility. Our 91Ms feed inpatients only now and run a "morale" area with coffee and light snacks. They also screen the new inpatients. Those not working in the section are supporting sections short of personnel, the Company, the TOC or supporting other missions as gunners on convoys or planning morale events. Our new hospital is being built and should be complete this summer. It is right next to our temporary facility so the move should be easy.

You can check out our 67th CSH Downrange website at <http://www.wuerzburg.healthcare.hq.usareur.army.mil/67th%20CSH%20Downrange.htm>